

# Shrewsbury High School Transcript Request Form

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Name when attending SHS \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_  
Numbers Home Work

Date of Birth \_\_\_\_\_ Year of Graduation or Last Year in School \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_  
*If Check or Money Order- please make payable to: Shrewsbury High School*

A \$3.00 fee is charged for each transcript requested. Processing time for all requests is 5 business days.

**Please check:**

- |  |                   |
|--|-------------------|
| <input type="checkbox"/> Official Transcript   | # Requested _____ |
| <input type="checkbox"/> Unofficial Transcript | # Requested _____ |

*The fee also applies to an unofficial copy you may request for your own use. Official copies are only sent directly to the school and/or program to which you are applying.*

**Please send transcript to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_

Mail to:  
Shrewsbury High School, Registrar, 64 Holden St., Shrewsbury, MA 01545